

Boy's Baseball Clinic
Sponsored by the
Conestoga Baseball Booster Club
Saturday March 10 2012
1:00 - 3:00 PM

REGISTRATION FORM

PLAYER NAME: _____ AGE: _____

ADDRESS: _____ HOME PHONE: _____

PARENT NAME: _____ PHONE: _____

LEVEL (Circle) : T-BALL COACH PITCH 7 COACH PITCH 8 MINOR MAJORS

RELEASE:

My son, _____, is permitted to participate as a player in the boy's baseball clinic provided by the Conestoga High School Boy's Baseball Team. I do understand that any other personnel involved with this program are not responsible for any injuries or accidents that may occur before, during or after any activities associated with the clinic.

I hereby give permission for my child to engage in the boy's baseball clinic provided by the Conestoga High School Boy's Baseball Team. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents and volunteers assisting in these activities from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, omission or negligent act of my child. I further do hereby expressly release discharge and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities.

Parent/Guardian Signature: _____ Date: _____

In Case of Emergency, contact: _____ Phone: _____

The Clinic will be held in the Conestoga Gym
Cost \$25.00 per player or \$45.00 for two players from same family
Please make checks payable to, "Conestoga Baseball Booster Club"

Pay at Door or send payment by March 1, 2012 to:
Kate Little: 1224 Wisteria Drive Malvern, PA 19355
610.644.5063

Name of person picking up child at end of clinic: _____
Relationship to child: _____